Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: <u>Quarter 6 10/1/15-12/31/15</u> Grantee Name: <u>Health Resources LifeCare</u>
Center

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	1	8	5	5	0	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post- partum	Pregnancy Status Unknown
17	1	1	1	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
7	10	3

4. Client Race:

Race: White	Race: African- American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown	
15	2	0	1	1	0	0	

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	20	0